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Madison

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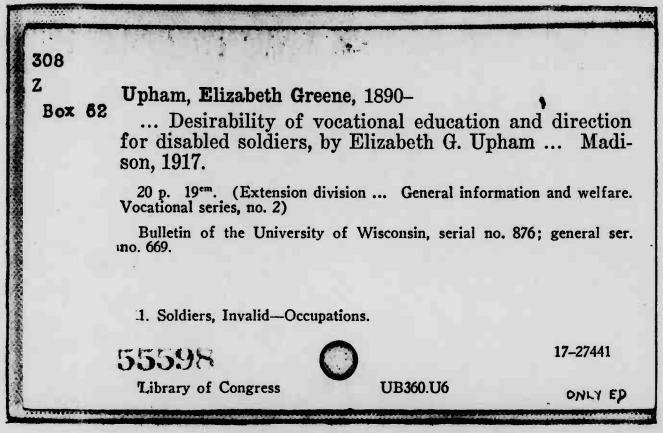

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Issued bimonthly, and entered as second-class matter at the postoffice at Madison, Wisconsin

GENERAL INFORMATION AND WELFARE
Vocational Series No. 2

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DESIRABILITY OF VOCATIONAL EDUCATION AND DIRECTION FOR DISABLED SOLDIERS

BY
ELIZABETH G. UPHAM
Director, Art Department, Milwaukee-Downer College

PRICE 10 CENTS

MADISON
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INTRODUCTION

By J. L. GILLIN, Ph. D.

Secretary, Department of General Information and Welfare, University Extension Division

Among the many problems raised by the war, none will be of greater importance to industry and citizenship than the industrial readjustment of the wounded. Three courses are open to a country in the treatment of the wounded soldier. It can retire him from activity and give him a pension for life, thus allowing him to gravitate into subsidized idleness and personal deterioration. Or, it can allow him to readjust himself to his new circumstances as best he may. The probable result of this

latter course is that he will have to live a hand to mouth existence the remainder of his life, to the detriment of himself and his family, if he has one. This will also mean an economic loss to the country by reason of the fact that he cannot produce what he might, had proper care been given to his industrial readjustment. The third alternative is that the community to which he returns make provision for his industrial re-education, giving due consideration to the nature of his injuries, to his natural aptitudes, and to the occupations which offer opportunities to the handicapped. On the country's decision as to which of these courses it will follow depends the welfare and happiness of the man himself, and his usefulness as a member of society both as a producer of wealth and as a citizen. Moreover, in many cases while the man is being trained for his future work, he will also be occupied in just the way that will best aid his recovery from the wounds or shock received in battle.

Miss Upham has brought together in the following bulletin material from the experience of our neighbor, Canada, which suggests the importance of our giving thought to the problem of handling the soldier who returns disabled from the battle-fields of Europe. The method of industrial re-education and readjustment has not yet been worked out sufficiently in this country to permit the publication of a program. In due time doubtless such a program will be forthcoming.

Miss Upham has prepared suggestive blank forms for the investigations which she discusses in the latter part of the bulletin. These may be obtained by any one in Wisconsin free of charge by a request to the University Extension Division, Madison, Wisconsin.

DESIRABILITY OF VOCATIONAL EDUCATION AND DIRECTION FOR DISABLED SOLDIERS

By Miss Elizabeth Upham,
Milwaukee Downer College, Milwaukee

The world has entered upon a war of such magnitude as has never before been imagined. There follows logically in its wake a need for relief, and for social and economic readjustment, for which the world has had no precedent.

Just as the aeroplane, the submarine, and poisonous gases are revolutionizing warfare, and claiming the latest thought in engineering and inventive skill, and just as the most modern medical and surgical skill is brought to the front to prevent epidemics and to treat wounds and burns, so must the best thought in social science be mobilized to meet the colossal need for relief and adjustment. To attempt to combat the social problems which must inevitably accompany war, without taking into consideration the study and progress of social service in the last decade, would be as absurd as to attempt to fight the modern enemy with old fashioned guns, or to heal the wounded and disabled by superstition and alchemy.

Applied social science was an inevitable development of city congestion and a complicated industrialism which necessitated the intelligent administration of relief. Today, however, social science is probing deeper than relief. It is seeking to learn causes, to analyze economics, and to prevent evils.

The disabled soldier is perhaps the most serious problem which this country will have to meet of the emergencies of the near future. The study of the psychology of the handicapped comes most opportunely at this time, as all disabilities are handicaps. These people

are not as a rule acutely affected, but rather they are those who from birth, accident, or disease cannot meet standard requirements. They are not entirely helpless, neither have they their full mental or physical power. Social workers have long ago discovered that the chief obstacle in dealing with this difficult class is not so much the physical handicap, whatever form it may take, as it is the mental condition which the physical handicap is apt to bring about. The victim is conscious of disadvantage, is on the defensive, and is ready to blame his disability for lack of ambition and application. This condition is brought about in various ways. The temperamentally lazy are ready to let society take care of them, and the ambitious, who have struggled with superhuman effort to compete with normal demands, have encountered defeat after defeat, until discouragement has broken their spirit. This mental condition is caused in a large number of cases by the method of treatment in hospitals or institutions where they have gone at a period of real helplessness. It is there they have lost their grip, learned the habit of prolonged idleness, and found dependency easier than struggling with impaired faculties. Here lies the real tragedy of the handicapped. Miss Cannon, head social worker in the Massachusetts Hospital, has said:

"The long hours of idleness and tedium, especially in people who have not had the opportunity to develop resources within themselves, often result in the development of a habit of mind that does not readily adjust itself to consistent employment when the patient is again able to work. The hospital social worker sees these after effects. To her we must look for evidence that will make the hospitals more conscious of the necessity for eliminating this demoralizing by-product of medical treatment."

Another angle of the limitation of the ordinary hospital treatment comes from Mrs. Solenberger's records of homeless men applying to the Central District of the Chicago Bureau of Charities for help. She found that habits of idleness learned in hospitals, coupled with incomplete convalescence, are responsible for a large number of society's vagrant and difficult classes.

From the testimony of those who have had contact with disabled soldiers, it appears that the mental condition distinctive of the handicapped has been further aggravated in the soldier by the intense nervous strain and shell shock of trench experience.[1]

When the handicapped have convalesced in a hospital provided with a workshop, and when they have learned to use their energy, feeble though it was at first, in some productive way, orderly industrious habits of activity and thought have been developed, and the fatal mental attitude has been less frequently acquired.

The cripple who has been so treated, and who has ambition with work he can do, exhibits a fund of ingenuity which makes him a valuable member of society.

Experiments in France and this country have proved conclusively that rehabilitation depends upon reckoning with the psychological as well as with the physical conditions.

Prof. Amar, director of the Paris Research Laboratory

[1] A great experience which destroys the well worn channels of thinking and calls into play new and conflicting lines has a more or less unbalancing effect. Already the effect of the nervous strain of the war is showing in the increased commitments to insane hospitals. To be sure these must have been border-line cases, and cases of weak mentality, but the important feature of such cases is that upon the immediate treatment may depend recovery or hopeless insanity. It may be readily guessed how much greater is the nervous strain to the actual participants in the war. Many of the soldiers in Canada and France are returning with nervous breakdowns, insomnia, loss of memory, mild insanity, and so forth.

for Occupational Labor, says:[2] "the mental condition of the patient is of the greatest importance." From his experience he believes that 80% of the maimed may be re-educated vocationally to some degree. There is case after case in the report of the Industrial Commission of Wisconsin, of men who have returned to self support, after sustaining the loss of hands, arms, legs, feet and even eyes, not only without lessened earning capacity, but actually with increased wages. This was accomplished by getting hold of the men before they had lost their grip, and before idleness and despondency had undermined character and ambition.

As a point of economy it is, therefore, cheaper to assist these people to help themselves at that critical time, than support them as public charges the rest of their lives. There is in the handicapped a fund of physical strength and mental energy which, when it is properly directed and developed, no community can afford to lose, to say nothing of the inestimable value such training must afford the individual in point of self-reliance and manly satisfaction.

One of the most interesting discoveries in medical and social science, having a direct bearing on the problem of the disabled soldiers, is the tremendous value of "occupational therapy." The idea of the therapeutic value of occupation is comparatively recent. The experiment of work for patients was first tried by physicians in state institutions for the insane; the result was that restlessness, violence, and destruction of property diminished perceptibly. Many supposedly hopeless cases improved and some of those less hopeless recovered. Occupational therapy has long since passed the experimental stage and has been found invaluable in the treatment

[2] The Survey, April 7, 1917.

of certain cardiac troubles, neurasthenia, and tuberculosis.

In tuberculosis it is especially helpful in preparing the patient for the critical period he must endure upon dismissal from the sanatorium. To be sure he will be cured, but his resistance is endangered by the sudden strain of long hours after the inactivity of hospital life. When occupational therapy has been a part of convalescent routine, work is begun in short periods which can not fatigue, and gradually is increased until the patient is able to do a normal day's work.

The splendid results of occupational therapy in many types of convalescence have developed hospital workshops. Massachusetts General Hospital and the City Hospital of Cincinnati are equipped with such shops. This has been found to be the best cure for that chronic invalidism which is mental, rather than physical; for eliminating a host of imaginery symptoms; for strengthening mind and body to restore functions of tissue and muscle; and for developing the wholesomeness of outlook which reacts favorably upon physical conditions.

Occupational therapy has justified itself as sound medical policy, but as an economic measure its significance is only beginning to be realized. Inasmuch as all the value of occupational therapy may be derived from work of a practical type, the time of convalescence may be used as a period of vocational training.[3] This will have special significance for the disabled soldier. At the same time that he is recovering, he will be re-educating

[3] The public schools of Cincinnati maintain an open air school for children in the hospital. There were convalescing in the hospital several older boys and young men who were beyond the school age but whom the teacher nevertheless took occasion to help. As a result they secured better positions on leaving the hospital and a few passed civil service examinations.

himself for his old occupation or training himself for a new one, as the case may be.

This country is face to face with the fact that thousands of men will not only be incapacitated for further military service but for their former occupations as well. The problem of the disabled soldier becomes intensified as each day the war diminishes the outgoing strength of the country and increases the incoming discards from the front. The problem is not only one of tremendous social importance but of economic significance as well. Insofar as the problem of the handicapped soldier is successfully met, just so effectually will the country rally from the depressions which inevitably follow war. It is a line of preparedness which far outlasts the program of war and is the structure upon which the social and economic wealth of the country depends.

The story of the disabled soldier as it has been told in times past is a tragedy. He returns unable to do his former work. Idleness awaits him for the rest of his life. Drunkenness, disease, and social maladjustments may follow, and he helps to make the drain of dependency at a time when the vitality of his country can least afford it, when pensions are taxing the treasury, when private and public charity are strained to the utmost, when hospitals and institutions are overrun, and when factories are depopulated. These conditions are a real liability. It is for this country to decide whether this shall be our future outlook in the present emergency or whether we shall reclaim our men, industrially speaking, during their period of convalescence, and fit and train them for productive work, so that not only will the factories be continued, but an industrial army of self-supporting citizens may be equipped.

We must learn the lesson from France and Canada

that it is too late to do this effectively when the emergency of returned men necessitates it.

France was wholly unprepared, as is indicated by her probable return of 500,000 cases of tuberculosis, with provision for only 11,000 beds for their care.[4] She has sent a plea to this country asking for the immediate raising of $250,000 to train her maimed soldiers. No provision was made in Canada for the returning soldier. Hospitalization was inadequate; homes, convents, and shacks were hastily used. Social agencies were not in a highly developed state, and there were few resources to draw upon. Canada bravely faced her problem as the men actually arrived. Her awakening to a conception of rehabilitation came slowly. Time, money, and deterioration in human efficiency paid the price of that delay. After the equipping of hospital ships, trains, the organizing of a large clearance hospital at Halifax, and the disposal of men in hospitals and convalescent homes, Canada learned that the problem of rehabilitation was still unsolved. Senator John S. McLennan[5] indicated Canada's growing conception of the purpose of convalescent homes when he said of them: "There are many men in our homes today, still unfitted to resume civil life, whose wounds were received in the great battles of a year ago. The supply of comforts, which in many cases were luxurious; the relaxation of discipline; the treating of men as one treats a civilian patient in the interval between illness and the resuming of ordinary occupation, which might do no harm if the experience was to be counted in days, are most seriously detrimental to the best interests of the men when extended over the prolonged periods which have been found unavoidable.

[4] The Survey, May 5, 1917.
[5] The Survey, April 7, 1917.

The first conception of the homes was that they were places of relaxation; the right one, which experience has taught us to realize, is that they are places of rehabilitation."

Every day, moreover, added to the knowledge that the men needed mental and physical occupation, not excessive rest. Vocational and technical education has begun under Prof. Kidner. Classes in reading, writing, agriculture, cobbling, mechanics, carpentry, architectural drafting, electric wiring, artificial limb making, and typewriting were organized. Recovery of the patients was accelerated by these new interests. Typewriting proved a skillful massage; regular work requiring real effort aided orthapaedic treatment; sluggish mentalities were stimulated; wandering and forgetful minds were concentrated; and insomnia decreased by wholesome fatigue.

Prof. Sexton[a] of the Nova Scotia Technical College says: "The stream of badly wounded soldiers has started to flow to Canada. Are they to drift through life as respected paupers, or to be helped to competency?" He refers to "the elaborate and spendthrift policy developed in the U. S. in its care of the Civil War veterans by keeping them from want with pensions, but not maintaining productive labor."

The solution for Canada, he feels, lies in the hospital workshops and cooperating schools. "It should be looked upon," he says, "both as a public investment and an obligation to the men who have risked all." Of its actual working he says, "You have to sit down and think hard, and then think hard some more, to figure out what a man who comes back badly crippled physically and industrially can be fitted for in the scheme of

[a] The Survey, April 7, 1917.

things which will be Canada after the war. On what you think out may hang years of that man's fortune." The future of many of Canada's men hangs still indeed upon a slender balance.

This country has the opportunity, which the others lacked, of looking ahead, and has time to prepare. The kind and extent of the disabilities we will have to face is no longer a matter of conjecture. These may be readily learned from the figures of the warring countries. To be sure there will be all degrees and types of cripples, but the largest number of cases will be sufferers from rheumatism, heart trouble, tuberculosis, mental and nervous disorders.

We may profit by the experience of the warring countries. We may learn "short-cuts" and avoid mistakes. We may take advantage of the study of social experts. We may go deeper into rehabilitation, and so prevent social and economic depression.

Important as is the social problem of reconstruction, it is not the only phase to be considered in the rehabilitation of soldiers. There are the great questions of Labor, Capital, and Production, and upon their solution depend the economic wealth and prosperity of the country.

The scarcity of labor is a problem which is destined to become more and more serious as factories, offices and stores are depleted of men. If the war continues long, many of these may ultimately close and a real apathy settle upon the industry of the country. Industry will not readily recover after the war unless the returning soldiers can, in a measure, fill the places of those who have left. This will necessitate training the reserved soldiers to their fullest power.

The entrance of women into the occupations formerly held by men only, partially relieves the situation and

carries with it many serious drawbacks. If the first stream of returned soldiers can be trained to fill the most urgent positions, the process of reorganization will be begun before complete dismemberment has taken place. Thus to an extent the places left vacant by those who have gone to the front can be gradually filled by those returning. Every disqualified soldier who is retrained into the industrial army and who becomes self-supporting adds materially to the resources of the country.

In order that not only the greatest number of industries may be kept alive, but that those which contribute most toward the general welfare be first supplied, the placing of new industrial recruits is a problem to be seriously studied. It must be known from the first what industries nearest the patient's home need him most, and which he can successfully perform, so that there may be no danger of over training in one line, at the expense of another of greater economic necessity.

This cannot be comprehensively known unless the factories of every community are carefully studied in order to ascertain how many occupations in them may be performed by a one-armed man, a man without legs, with impaired vision, with heart lesion, or with diminished power from tuberculosis. This alone is not sufficient. The number employed in each such occupation, the average wages paid, the possibility of seasonal labor, and the minimum vocational training required for them must be accurately ascertained.

Unskilled laborers who depended upon physical strength for their means of support may recover, but are unfitted for their former activities if they have a heart lesion, or an amputated leg or arm. Skilled laborers, on the other hand, may be equally disabled by rheumatism or the loss of an eye or hand. Although incapacitated for their former trade, they represent a tre-

mendous potential energy and may be retrained into occupations in which they not only may become self-supporting, but in which they will do their part to reshape the industrial prosperity of the country. Such occupations as wrapping, labelling, cement laying, stone chiseling, machine feeding, crane operating, and hundreds of others, will be opened, with a little instruction, to unskilled laborers who have sustained the loss of a leg; while delivery work and foot lever machines indicate a few of the many occupations which may occupy the handless. The cardiac sufferer may operate automatic machinery which requires little physical power; and work like light gardening and carpentry may prove excellent for the ex-tubercular. Disabled skilled mechanics who have had grammar schooling or its equivalent, with a little more education may become draughtsmen, sign painters, shop bosses, salesmen, and clerks.

The following cases will illustrate the kind of adjusting which may be anticipated:

A returned with defective vision and an amputated leg. He could no longer follow his former trade of house painting. He had had no vocational education, and spoke no English. No convalescent or vocational training was necessary. A position as an expert packer of small castings and fragile parts was secured.

B returned with defective vision and nervous breakdown. He is quick and intelligent, and exhibited a practical mechanical sense. He had had foundry experience. After a short convalescence in which his sense of touch was developed, he found employment making sand molds.

C returned with tuberculosis. He had had no education and no experience in any trade. During convalescence he exhibited a distinct clumsiness in the use of his hands and inability to steadily apply his mind. Upon recovery he was able to direct lifting magnets and do light work in the railroad yard of a large factory.

D returned with tuberculosis and severe complications. He had been a watch repairer with a fair degree of education. His former work proved too great a strain. A long convalescence was necessary, in which he was taught to make willow furniture.

E developed cardiac difficulty. He had been an expressman but could no longer lift or get about easily. He had a grammar school education and printed well. After convalescence requiring complete rest, he secured employment as a billing clerk. As such there was little standing and no lifting.

F returned with an amputated leg. He had been an automobile driver. He found employment operating a small electric shop truck equipped with hand control and one foot brake. A similar case operated a travelling crane.

G returned with the use of both legs gone. He had no trade and no education. After a short convalescence he was able to operate drill presses.

H lost his right arm. He had been a skilled mechanic. He was quick in learning to use an artificial limb and exhibited dexterity with his left hand. He was able to operate certain lathes.

I returned with his left arm gone. He had no trade and little education. He was able to attend a multiple spindle lathe when set up by a skilled operator.

Such knowledge of occupations which may be taken up by the handicapped will necessitate a careful and extensive investigation of industry. Form 1[7] is a suggested blank for such information. The information is filled in by the field investigator, and should be transferred to cards of various colors, a color for each disability. A copy of such cards should be sent to the main receiving station and there filed under locality, so that the occupations for any handicap in any place may be seen at a glance.

Application cards should be given all industries investigated so that these may be filled and sent as the demand for labor changes. The receiving station, in touch with the local organizations having the factory investigation in charge, would be notified for intelligent labor distribution, and would act as a clearing house or central employment bureau.

No appeal should be made to managers on the grounds of charity to employ handicapped labor. No patient

[7] See forms which will be sent on request.

should be recommended until there is reason to believe he will successfully meet the requirements of his work.

A practical working program in the preparations for disabled soldiers consists of two main divisions.

First. The organization of one comprehensive plan to provide for the soldier from the moment of arrival until final placement.

Second. The service each community must give its handicapped men.

It will not be sufficient for the government to mobilize the medical, hospital, vocational, and educational resources of this country. They must all be collected into a uniform scheme, so that each will not only render its fullest service, but contribute toward the common goal, industrial as well as physical rehabilitation. This will necessitate having at the receiving station expert diagnosticians and vocational experts. They should have at their disposal a complete knowledge of the hospital, vocational and industrial resources of this country. Such resources should be filed under locality, that the patient may be sent to the best medical aid in his home locality, if he has one, with which will cooperate the proper vocational school, if such is recommended, and both will prepare the patient for definite work which he will be able to do and which is known and waiting. Not only will a medical report accompany the patient to his destination, but also one giving social and vocational information. Form 2 is suggested for this purpose.

The duty of each community will be to have provided medical treatment and hospitalization of an approved type, and to have affiliated its trade and technical schools and social agencies. It will also be necessary to have had service volunteers investigate the industries for the occupations which may be performed by each type of handicap. The vital links between the hospital and the

school or industry must not be overlooked. Each community must provide workshops for the convalescing, for they are the keystone to the future. Volunteers must be trained, moreover, to direct the workshops. Such direction cannot be given to the enthusiastic amateur or harm may follow. The directing of occupational therapy is a new profession and requires not only special study of the processes in occupations, but a knowledge of the pathology of the various disabilities so that intelligent cooperation with the physician may be secured. Form 3 suggests a possible blank for the benefit of the occupational director. It is derived from the medical record and vocational information of Form 2. At the same time Form 3 furnishes a record of each patient's progress in the workshop as new conditions may arise and necessitate the recording of new instructions from the physician and new recommendations from the vocational expert. The patient's character, attitude, and habits of work should be observed and recorded. The information on Form 2 and observations on Form 3 materially assist placement, so that the minimum effort will be expended for the maximum productivity. Form 4 registers the condition of each patient upon dismissal from the convalescent home, and tells where he has been placed if ready for work, or to what school or permanent institution he has been sent. The names and addresses of friends and relatives as well as unions and societies, as noted on Form 2, may be communicated with for aid and followup work. When there are no natural channels for help the proper social agency should be notified. The medical record and Forms 2, 3, and 4, when clipped togther and filed alphabetically, furnish a complete history of every case. The following cases illustrate:

A arrived at his destination with a medical record showing stiffened joints, an amputated leg, and a restless, nervous condition. Form 2 indicated that he was foreign born, belonged to the Catholic Church, had a dependent family, and no insurance or savings. His former occupation had been shoveling. Operating drill presses was suggested as possible future employment and required no vocational training. Form 3 recorded that his mind was concentrated and that his joints responded to the treatment of the convalescing work-shop. He was dismissed according to Form 4 with an amputated leg but otherwise cured. He was at once placed in a factory, the employment manager communicated with, and his church instructed to visit him and see that he continued work.

B reached his destination with heart lesion, a fractured arm, and a depressed mental condition. Form 2 recorded that he belonged to no society or church, was single with no dependents and with insufficient savings. He had had a high school education and six months in a business college. He had been a floor walker. A clerical position allowing him to sit seemed a possible occupation. Stenography and bookkeeping were recommended. Form 3 showed that his mind was stimulated by occupational therapy and his fingers exercised by typewriting as soon as the physician instructed. He recovered before his training in stenography and bookkeeping had been completed. He was therefore dismissed according to Form 4 and placed in a businesss college. The proper social agency was instructed to see that he attended and secured employment.

The point of economy to the nation cannot be overlooked. As a matter of dollars and cents it is a paying investment to teach the helpless to be productive, or vast sums must be spent not only for their care, but for the care of those dependent upon them. A small expenditure of money with adequate preparation will realize better results than vast sums without foresight. The government, moreover, should feel not only a responsibility for the men who have sacrificed and served, beyond dismissing them with a pension, but must rather provide for the usefulness and happiness of their future years.

Although this war has surpassed all others in horror, it will have the distinction of being the first to have so-

cial consciousness and progress turned to the rehabilitation of its disabled. There will exist for the first time an intelligent and sympathetic understanding of the psychology of the handicapped. It will be the first time that occupational therapy is used to further the cure of the disabiled hero, and bring about the miracle of productive days instead of a dreary expanse of years.

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